



State of Montana
Department of Public Health and Human Services
Medicaid Services Bureau-Outpatient Prescription Drug Program
Dispensing Fee Questionnaire

This questionnaire is intended to calculate the average cost to dispense a prescription in retail pharmacies. Pharmacies in Home Infusion Therapy or Hospital settings should complete the survey as completely as possible and attach a cover letter offering additional explanation of their prescription dispensing costs. Call (406) 444-2738 with questions. **Please complete a separate questionnaire for each Montana pharmacy in your corporation.*

Please return completed questionnaire to:

Montana DPHHS
Attn: Medicaid Pharmacy Program Officer
1400 Broadway, P.O. Box 202951
Helena, Montana 59620-2951
khawkins@mt.gov
FAX (406) 444-1861

Pharmacy Name _____ NPI # _____
Store Address _____ Other Address _____
Store Phone # _____ Other Phone # _____
Current Medicaid Dispensing Fee \$ _____
Time Period of Data _____ to _____ **please provide most recent **fiscal/calendar year** data*
Email Address _____

Part I - General Data

Check as applicable, is your facility an:

Independent Pharmacy _____ Yes
Chain Drug Store _____ Yes
Mail Order Pharmacy _____ Yes

The number of pharmacies your company operates in Montana _____

The number of pharmacies your company operates nationally _____

Do you deliver prescriptions? _____ Yes _____ No

Do you prepare compounded prescriptions? _____ Yes _____ No

Do you dispense unit dose prescriptions? _____ Yes _____ No

Number of prescriptions dispensed last fiscal or calendar year

New _____

Refill _____

Total _____

Part II-Personnel Expense

Employee	Estimated % of total working hours spent in Rx department	Gross Annual Salary
Pharmacists Salaries		\$
Technician Salaries		\$
Intern Salaries		\$
Other Employees (i.e. janitor, delivery driver, etc.)		\$
Total Part II		\$

**Gross Salary includes the total salary or wage plus Social Security; Unemployment; Workers Compensation; Taxes; Health Insurance; Life Insurance; Bonus; Pension Plan Fund; Profit Sharing Contributions; and similar benefits paid by the pharmacy.*

Part III-Expenses Allocated Directly to the Prescription Department

Prescription containers, labels, bags \$ _____

Professional licenses, dues, subscriptions \$ _____

**include pharmacy professional liability insurance; permit licenses; R.Ph./ PharmD; Owners registration; DEA license; Pharmacy Association dues (national, state, local); journal subscriptions; reference texts*

Travel to professional meetings (continuing education, etc.) \$ _____

Telephone/Fax costs used exclusively by the Rx department \$ _____

Total delivery costs for deliveries containing prescriptions \$ _____

**include auto depreciation; insurance; gas; oil; repairs; maintenance*

Advertising or promotion of Rx department only \$ _____

Computer costs (hardware and software for pharmacy) \$ _____

Total Part III \$ _____

Part IV-Annual Store Proportionate Expense

Rent/Lease directly allocated to pharmacy department \$ _____

All other expenses \$ _____

**Exclude all previously listed expenses but include insurance; utilities (gas, electric, water); depreciation; interest; bad debts; bookkeeping; accounting fees; legal fees; collection agency fees; security personnel or system; maintenance; nonprofessional dues; professional attire; laundry; dry cleaning; business licenses.*

Total Part IV \$ _____

This is to certify that to the best of my knowledge, the above information is true, accurate, and complete. I understand that this information is subject to audit by the Department of Public Health and Human Services and that any false claims, statements, or concealment of material fact may be prosecuted under applicable federal or state laws.

Signature of person responsible for the information provided:

Printed Name

Signature

Date

PRESCRIPTION DRUG PROGRAM

DISPENSING FEE QUESTIONNAIRE INSTRUCTIONS

****Please note if you own more than one Pharmacy please fill out a separate form for each Pharmacy****

GENERAL INFORMATION:

Pharmacy Name: The name of your independent pharmacy or if your pharmacy is a chain please put the legal name of the pharmacy.

Store Address: The physical address of the pharmacy you are reporting information for.

Store Phone Number: The phone number of the store.

NPI #: The National Provider Identifier for the Pharmacy.

Other Address: The address of corporate headquarters, if this is a chain pharmacy the P.O. Box number or physical address where pharmacy mail is received.

Current Medicaid Dispensing Fee: The amount the pharmacy is being reimbursed by Medicaid on the date the survey is filled out.

Time Period of Data: Please provide the most recent **fiscal/calendar year**.

- *Exception for new pharmacies that will be providing 6 months of information.*

Email Address: Please provide the email address for the main point of contact or where you would like updates sent to.

PART I – GENERAL DATA:

Do you deliver prescriptions? Is delivery of prescriptions to consumers a service that is offered by your pharmacy?

Do you prepare compounded prescriptions? Compounded prescriptions fit the unique or special needs of a patient. Custom compounded medicines are formulated to provide an alternative when commercially available medications are not available. A compounding pharmacy specializes in making custom tailored drugs per a practitioner's order to fit individual requirements in a dosage form that insures efficacy and compliance.

Do you dispense unit dose prescriptions? A unit dose is the amount of a medication administered to a patient in a single dose. Unit-dose packaging is the packaging of a single dose in a non-reusable container.

Are you an Independent Pharmacy, Chain Drug Store or Mail Order Pharmacy? Do you currently operate on your own, are you associated with a chain of pharmacies such as Wal-Mart, Target, Walgreens etc. Or is your business predominantly mail order?

Number of pharmacies: Please indicate both the number of stores your company operates in Montana and the number of stores your company operates nationally.

Number of prescriptions dispensed last fiscal or calendar year: Please use the number of new and refilled prescriptions during the same time period that you used above for "Time Period of Data"

** After entering the information, please add the number of new prescriptions and refilled prescriptions to get your total.*

PART II – PERSONNEL EXPENSE:

Please add the total hours worked for each pharmacist in the pharmacy and divide by the number of pharmacists you have to get your percentage of total hours worked in the pharmacy department. Then add all pharmacist salaries together and put the total in the Gross Annual Salary column. Please do this for each profession listed in the Personnel Expense section. Please add each section to get your total at the bottom. Please note the Gross Annual Salary includes benefits, bonuses, employment taxes, etc.

PART III – EXPENSES ALLOCATED DIRECTLY TO THE PRESCRIPTOIN DEPARTMENT:

Prescription containers, labels, bags: This would be the total expense for these items during the time period used in "Time Period of Data" listed above.

Professional licenses, dues, subscriptions: Please include all costs incurred for professional personnel only. In this section please include pharmacy professional liability insurance; permit licenses' R.Ph. Owners registration; DEA license; National, State and Local Pharmacy Association dues; journal subscriptions, reference texts.

Travel to professional meetings (continuing education, etc.): In this section please include all personnel listed under Part II that attended meetings and/or training.

Telephone/Fax costs used exclusively by the RX department: Include internet, fax and telephone for the pharmacy you are reporting for. If you are a chain pharmacy only report the expenses for your store.

Total delivery costs for deliveries containing prescriptions: This section should include vehicle license and registration, insurance, gas, oil, tires, repairs and maintenance, auto depreciation, etc. Do not include wages for a delivery driver in this section (that would be included in Part II under Personnel Expenses).

Advertising or promotion of RX Department Only: Any advertising related specifically to the Pharmacy department would be included in this section. Advertising may include posters, flyers, radio announcements, television commercials, newspaper ads, newsletters, etc.

Computer Costs: This includes hardware and software for the pharmacy only. Do not include internet in this section (that is included in telephone costs). Only calculate computer related costs during the time period reported (i.e. if you bought a new computer during the calendar year).

PART IV – ANNUAL STORE PROPORTIONATE EXPENSE:

Rent/Lease directly allocated to pharmacy department: Only include the costs of rent for your business. If you share building space with another business you would need to figure your cost (i.e. \$1000/mo rent for pharmacy and grocery store, pharmacy rent = \$500/mo).

All other expenses: This section may include anything not listed above. Please include any other expenses associated with the daily operations of your pharmacy (i.e. utilities, interest, bad debt, depreciation, bookkeeping, accounting fees, legal fees, collection agency fees, security personnel or security system, maintenance, business license, nonprofessional dues, professional attire (i.e. Pharmacist Lab Coats), laundry, dry cleaning).

ONLINE SURVEY ACCESS:

To access the survey online go to <https://js.hhs.mt.gov:8447/survey/outpatientprescriptiondrugsurvey.jsp> Click on the Dispensing Fee Survey and begin filling out the information. Please note, that if you exit the survey before finishing all of your information will be lost. If you begin working on the document and leave it idle for an extended period of time, your results will be lost. Once you have completed your survey please print a copy of the survey before hitting send so you can retain a copy for your records. If you have any questions or need assistance please call 406-444-2738.